

Aims To assess the prevalence, demographics, clinical correlates and course of these euphoric versus irritable pediatric mania.

Methods Systematic review of the available studies assessing the phenomenology, course and outcome of pediatric mania.

Results Eighteen studies reported the number of subjects presenting with either irritable or elated mood during mania. Irritability has been reported to be the most frequent clinical feature of pediatric mania reaching a sensitivity of 95–100% in several samples. Only half the studies reviewed reported on number of episodes or cycling patterns and the described course was mostly chronic and ultra-rapid whereas the classical episodic presentation was less common. Few long-term outcome studies have reported a diagnostic stability of mania from childhood to young adult age.

Conclusions Severe irritability is the most common presentation of abnormal mood described in children with bipolar disorder. Longitudinal studies of samples with irritable versus elated mood presentation and chronic versus episodic course may help clarify whether these are factors predicting different long-term course, treatment-response and outcome of pediatric onset bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-poster walk: Classification of mental disorders and cultural psychiatry

EW0351

Pretreatment predictors of early response revealed by quantitative cerebral blood flow in major depressive disorder

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Objective The potential pattern of regional cerebral blood flow (rCBF) in major depressive disorder (MDD) underlies different response to antidepressants medication remain unclear. This study aimed to investigate the differences of rCBF between patients with different treatment response.

Methods Eighty MDD patients [(44 treatment-responsive depression (RD) and 36 non-responding depression (NRD)] and 42 healthy controls (HC) underwent pulsed arterial spin labeling (PASL) scans in magnetic resonance imaging and clinical estimates. The exact rCBF values of each groups were obtained via quantification evaluation.

Results Compared to NRD, the RD patients showed decreased rCBF values in frontal sensorimotor network (i.e. left paracentral lobule, left medial frontal gyrus, right superior frontal gyrus and right middle frontal gyrus), and further receiver operating curve (ROC) analyses demonstrated that the altered rCBF in these four regions exhibited outstanding performance on distinguishing NRD from RD. The NRD also exhibited reduced rCBF in bilateral cerebellum posterior lobe and right middle occipital gyrus and elevated rCBF in right postcentral gyrus and right middle frontal gyrus as compared to HC.

Conclusions The decreased rCBF in frontal sensorimotor network appeared to be distinct characteristics for NRD, and might be severed as promising neuroimaging markers to differentiate

depressed patients with weak early response to antidepressant medication. These findings expand our understanding of neural substrate underlying the antidepressant efficacy.

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EW0352

Review of Othello syndrome and its relationship with neurological disorders

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Introduction Othello syndrome is a psychotic disorder characterized by delusion of infidelity or jealousy. It predominantly occurs in the context of specific psychiatric or neurological disorders. Othello syndrome is associated with mental changes including excessive aggression, hostility, and irritability. Patients with Othello syndrome misinterpret the behaviour of the spouse or sexual partner to provide evidence for their false perception.

Objectives and aims The purpose of this paper is to examine the phenomenon of Othello syndrome as a result of specific neurological diseases.

Methods The study design was a retrospective case series of patients with Othello syndrome. We searched the electronic databases PubMed and Embase for review articles and original research using the search terms ‘Othello syndrome, Morbid Jealousy, Pathological Jealousy, Delusional Jealousy, Delusions and Infidelity, Delusions of Jealousy or Infidelity’.

Results In the present study of 95 case reports, the relationship between Othello syndrome and a neurological pathology was described. This syndrome was most commonly associated with neurodegenerative diseases (59%), followed by medication induced Othello syndrome (13.7%) and vascular dementia (8.4%). Lesions particularly in the right (dorsolateral) frontal lobes were associated with this syndrome.

Conclusion This study demonstrates that Othello syndrome occurs most frequently in patients with right frontal lobe dysfunction. It is predominantly related with Lewy Body Disease and Alzheimer's disease. Clinicians should keep an “index of suspicion” regarding dementia when Othello syndrome presents in elderly persons.

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EW0353

Reward learning and dopamine release in adults with 22q11DS

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Background 22q11.2 deletion syndrome (22q11DS) is a genetic disorder caused by a microdeletion on chromosome 22q11.2 and

associated with an increased risk for psychosis. A dysfunctional motivational reward system is thought to be one of the salient features in psychosis caused by abnormal dopamine functioning. It is unknown whether patients with 22q11DS have a dysfunctional reward system.

Methods This study aims to investigate reward learning in 22q11DS. The study included 10 adults with 22q11DS (age: 33.1 years, 60% female) and 10 age-gender-matched healthy controls (HC, age: 39.7 years, 60% female). A single infusion 18F-fallypride PET scan was acquired during which all subjects performed a version of the learning phase of the Probabilistic Stimulus Selection Task for reward learning (RL), modified to deliver social feedback.

Results IQ-scores were significantly lower in the 22q11DS group ($P < .001$) compared to HC. The 22q11DS group both earned significantly less money ($P < .05$) and performed worse during the RL-task ($P < .05$) than HC. However, the learning curve for the RL-task was the same for both groups. IQ-scores were a significant positive predictor for earnings ($P < .05$) and performance ($P < .05$), but not for the learning curve.

Conclusions These preliminary results indicate that people with 22q11DS are capable of learning at the same speed as HC, however they are less susceptible for reward than HC because their overall performance during RL is worse than HC. This lower reward sensitivity could be a result of haplo-insufficiency of COMT in 22q11DS and consequently abnormal prefrontal dopamine functioning.

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EW0354

Alexithymia and coping strategies: Predictors of hopelessness?

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Introduction Alexithymic traits and coping strategies may affect the onset and course of many psychiatric conditions. However, their role in determining hopelessness and suicide risk has been not still elucidated.

Objectives The present study analyzed the correlations between alexithymia, coping strategies, and hopelessness.

Aims We aimed to evaluate whether specific coping strategies and alexithymia may predict hopelessness which is widely considered an independent risk factor for suicide.

Methods This is a cross-sectional study conducted on 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants were assessed using the Beck Hopelessness Scale (BHS), Coping Orientations to Problems Experienced (COPE), and Toronto Alexithymia Scale (TAS-20).

Results Alexithymic subjects significantly differ from non-alexithymic individuals in terms of substance abuse ($\chi^2 = 23.1$; $P = .027$). According to bivariate analyses, we found a significant correlation between hopelessness and suicidal thoughts/wishes ($r = .34$; $P = .01$), humor ($r = -.24$; $P = .05$), and behavioural disengagement ($r = .205$; $P = .05$). Behavioural disengagement is also a positive predictor of hopelessness (OR = 1.25; 95% CI: 1.03–1.52) while humour is a negative predictor of hopelessness (OR = 0.85; 95% CI: 0.73–0.99).

Conclusions Behavioural disengagement needs to be considered a risk factor while humor is a protective factor for suicide. Surpris-

ingly, we found no significant association between alexithymia and hopelessness. Further additional studies are requested to test these exploratory findings in order to more deeply elucidate the role of both alexithymia and coping strategies in suicidal behaviour.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0355

Clinical high risk symptoms and criteria in the community: Prevalence, clinical significance and risk factors for their occurrence

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Introduction In clinical samples, symptomatic ultra-high risk (UHR) criteria and the basic symptom criterion "cognitive disturbances" perform well in predicting psychosis, and best when both approaches are combined.

Objective However, little-to-nothing is known about clinical high risk (CHR) and their constituent symptoms in the community.

Aims We studied the prevalence, clinical relevance, and moderators of CHR criteria and symptoms in the community.

Method Regression analyses involved 2683 community participants (age 16–40 years; response rate: 63.4%). Semi-structured telephone interviews were performed by well-trained psychologists.

Results Lifetime and current CHR symptoms were reported by 21.1% and 13.8% of interviewees. Frequency of symptoms was mostly low, only 2.4% met any CHR criterion. A stepwise relationship underlay the association of the two types of CHR symptoms and criteria with the presence of mental disorders and functional deficits, with odds ratios being highest (7.4–31.8) when UHR and basic symptoms occurred together. Report of a family history of mental disorder generally increased risk for CHR symptoms. While younger age increased risk for basic symptoms, lifetime substance misuse and trauma increased risk for UHR symptoms.

Conclusions Prevalence of CHR criteria was within the to-be-expected range from prevalence rates of psychoses. Clinical relevance of both CHR symptoms and criteria increased in a stepwise manner from basic symptoms via UHR symptoms to their combined presence, reinforcing the clinical utility of their combined use. The risk factors selectively associated with basic and UHR symptoms support developmental models relating basic symptoms to neurobiological and UHR symptoms to psychological factors.

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EW0356

Two-step cluster analysis application to a sample of psychiatric inpatients at psychiatric service of diagnosis and care

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